

WNV Pages from the
Microbiology Client Services Manual

State of Utah Public Health Laboratory

46 North Medical Drive

Salt Lake City, UT 84113-1105

Phone: 801-584-8400 FAX: 801-584-8486

Utah Department of Health

MICROBIOLOGY CLIENT SERVICES MANUAL

Utah Public Health Laboratory

GENERAL INSTRUCTIONS

CONTACT US:

ADDRESS, PHONE, FAX, and WEBSITE

Utah Public Health Laboratory
46 North Medical Drive
Salt Lake City, UT 84113-1105
Phone: 801-584-8400
FAX: 801-584-8486
Webpage: [HTTP://health.utah.gov/els/microbiology](http://health.utah.gov/els/microbiology)

KEY PERSONNEL

Billing

Bob Anderson

Environmental (Water) Microbiology

Sanwat Chaudhuri, Ph.D. -- Section Chief

Microbiology Bureau

Barbara Jepson, MPA, MT(ASCP) -- Bureau Director

Dan Andrews, MS, MT(ASCP) -- Section Chief of Bacteriology,

Food Bacteriology, Mycobacteriology, Parasitology

Norm Brown, BS, MT(ASCP) -- Section Chief of Newborn Screening

Jana Coombs, BS, M/SV (ASCP) -- Section Chief of Molecular
Biology, and Bioterrorism Coordinator

Tom Sharpton, MS, SM(ASCP) -- Section Chief of Immunology, Virology

Technical Services

Chris Peper, MT(ASCP) -- Section Chief

REPORTING:

You must supply your correct Customer ID Code to receive test results.

Some mail services and couriers are taking a week or more to get your samples to us.

If you are having problems with turn around time for results, check your delivery method.

See individual test for specific reporting criteria and methods.

REQUISITIONS:

Blank request forms with your customer ID code are available from Technical Services
(also see Appendix B for blank forms WITHOUT the customer ID).

All information must be provided. Incomplete requisitions cannot be processed.

SPECIMEN LABELING: See individual requirements under specific test.

*****NOTE: Specimen containers from the State of Utah Public Health Lab have an
outdate printed on the label. Do not collect any sample in an outdated container.**

Call Technical Services at 801-584-8204 for a new container.

We do not supply blood collection tubes.

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LAB TEST – Immunology or Molecular Biology Sections

TEST	West Nile Virus (Human) IgM ELISA St. Louis Encephalitis Virus (Human) IgM ELISA
METHOD	Enzyme Linked Immunosorbent Assay (ELISA)
AVAILABLE	Prior to submitting specimen, contact UDOH Epidemiology at (801)538-6191.
PATIENT PREP	Symptoms, vaccinations, and travel history
SPECIMEN	Serum or cerebrospinal fluid
COLLECT IN	N/A
PROCESSING	Serum: refrigerate (freeze if transport delayed) CSF: refrigerate if transport delayed
TRANSPORT	Serum: refrigerate during transport (freeze if transport delayed) CSF: refrigerate if transport delayed
TIME CRITICAL	Within 12 hrs of collection
LABEL	Patient's full name or unique ID number, date of collection, and date of onset of symptoms
REQUISITION	Molecular Biology Test Request Form (see form in Appendix B)
TEST COMPLETE	72 hrs after receipt in our lab
RESULTS	WNV or SLE antibody detected by ELISA; WNV or SLE not detected by ELISA
REPORTED	Phone, fax, or email, as established with provider
NOTE	If initial serum specimen was collected within 9 days of onset of symptoms, a convalescent serum will be requested for IgM negative tests.
CONTACT	(801)584-8449: Jana Coombs or Kim Christensen.

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LAB TEST – Molecular Biology Section

TEST	West Nile Virus, St. Louis Encephalitis Virus, or Western Equine Encephalitis Virus
METHOD	Polymerase Chain Reaction (PCR)
AVAILABLE	Contact UDOH Epidemiology at (801)538-6191 or Division of Wildlife Resources at (801) 538-4767 for submitting avian oral swabs and dead bird reports.
PATIENT PREP	N/A
SPECIMEN	Mosquitoes = 10-50 insects, available Mosquito Abatement Districts. Avian oral swabs. Bird or horse tissues = 1 cubic centimeter brain, spleen, or heart .
COLLECT IN	Mosquitoes = tubes from Mosquito Abatement District. Swabs = Ziploc bags; outer bag must be clean. Tissue = sterile, leak proof container.
PROCESSING	Keep mosquitoes and tissue samples at 2 - 8 degrees C. Avian oral swabs at ambient temperature.
TRANSPORT	On wet ice or in mailer
TIME CRITICAL	Within 48 hrs of collection
LABEL	Location and date of collection. Species of source animal.
REQUISITION	Molecular Biology Test Request Form (see form in Appendix B)
TEST COMPLETE	48 hrs after receipt in our lab
RESULTS	Virus detected by PCR; virus not detected by PCR
REPORTED	Mail, e-mail, or fax, as established with provider
NOTE	N/A
CONTACT	(801)584-8449: Jana Coombs or Kim Christensen.

MOLECULAR BIOLOGY TEST REQUEST FORM		FOR LABORATORY USE ONLY LAB#: _____ DATE STAMP: _____	
STATE OF UTAH PUBLIC HEALTH LABORATORY 46 NORTH MEDICAL DRIVE SALT LAKE CITY, UTAH 84113-1105 TELEPHONE: (801) 584-8400 FAX: (801) 584-8486			
TESTING WILL <u>NOT</u> BE PERFORMED UNLESS SLIP IS <u>COMPLETELY</u> FILLED OUT. PLEASE PRINT <u>CLEARLY</u> FOR ACCURACY.			
PATIENT INFORMATION:			
Patient Name (Last, First): _____			
Patient ID #: _____	DATE OF BIRTH (mm/dd/yy) _____ / _____ / _____	AGE: _____	SEX: M F
PROVIDER INFORMATION: Provider Code: _____		Physician: _____ Provider Phone: _____ Provider Email: _____ Secure Fax #: _____	
		SPECIMEN COLLECTION DATE (MM/DD/YY) _____ / _____ / _____	
SPECIMEN SOURCE/SITE: <input type="checkbox"/> Serum <input type="checkbox"/> CSF <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Aspirate (specify): _____ <input type="checkbox"/> Bronchial/Tracheal Wash <input type="checkbox"/> Tissue (specify): _____ <input type="checkbox"/> Scab <input type="checkbox"/> Body fluid (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Stool <input type="checkbox"/> Plasma <input type="checkbox"/> Isolate (source): _____		TEST ORDERED: <input type="checkbox"/> <i>Bordetella pertussis</i> PCR <input type="checkbox"/> West Nile Virus PCR <input type="checkbox"/> St. Louis Encephalitis Virus PCR <input type="checkbox"/> Western Equine Encephalitis PCR <input type="checkbox"/> Human West Nile Virus IgM ELISA <input type="checkbox"/> Human St. Louis Encephalitis Virus IgM ELISA <input type="checkbox"/> SARS PCR <input type="checkbox"/> ORSA PFGE <input type="checkbox"/> Varicella zoster virus PCR <input type="checkbox"/> Vaccinia virus PCR <input type="checkbox"/> Other (specify): _____	
RESULTS _____ _____ _____		STATE OF ORIGIN OF PATIENT/SAMPLE _____	
		ADDITIONAL INFORMATION (List pertinent information including presumptive ID)	